

2005-NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90352 024 ****61.25

DOCUMENT # N29931 1. Entity Name MACEDONIA MISSIONARY BAPTIST CHURCH OF BLOUNTSTOWN, INC.					
Principal Place of Business C/O MARVA A. DAVIS P. O. BOX 159 BLOUNTSTOWN FL 32424 US			Mailing Address P. O. BOX 159 BLOUNTSTOWN FL 32424 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 159 Suite, Apt. #, etc.			
City & State Blountstown Fla Zip 32424		Country Calhoun		4. FEI Number 59-2956424	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For ☐ Not Applicable			
6. Name and Address of Current Registered Agent BAKER, ROBERT 5803 BOMBADIL CT TALLAHASSEE FL 32303			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) None City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Elder Robert Baker</u> DATE <u>April 18, 2005</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANDREW, MARY L 624 S PEAR ST BLOUNTSTOWN FL 32424		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition NO Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, LONNIE J. 1000 WARD RD. BLOUNTSTOWN FL 32424		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAMS, MARK 1008 WARD ROAD BLOUNTSTOWN FL 32424		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARPER, BERNICE P O BOX 109 N/A BLOUNTSTOWN FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURKES, EDDIE L P O BOX 22 N/A BLOUNTSTOWN FL 32424		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAKER, ROBERT ELDER 5803 BOMBADIL CT TALLAHASSEE FL 32303		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 11	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Elder Robert Baker</u> DATE <u>April 18, 2005</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					